

Student Name: _____

Company Name: _____

Supervisor Name: _____

Program Name: _____

Clinical Research / Regulatory Affairs Program

Internship 12 Week Evaluation

FORM THREE: PLEASE COMPLETE AT THE END OF TWELVE WEEKS OF INTERNSHIP

Performance Standards: The criteria below include generalized knowledge and skills required in the field of study. Please evaluate the student in each of the following areas.

	Exceptional	Above Average	Average	Below Average	Not Satisfactory
1. Does the student have the skills and knowledge necessary to meet the position requirements as described? (e.g. protocols, applications, and processes etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the student display a professional attitude on the job? (Communication (verbal and written), team player, and initiative, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the student demonstrate good judgment and critical thinking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. To what extent did/does the student meet their objectives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We (employer and student) have reviewed and discussed this assessment.

Supervisor's Signature: _____

Student Signature: _____

Date: _____

Please email the completed form to the respective program

Clinical Research: CLRE.internships@humber.ca
 Regulatory Affairs: REGA.internships@humber.ca

Supervisor's Comments:

1. In your opinion, did the Humber's CLRE/REGA program prepare the student to work effectively in your organization?

YES NO

If NO, please explain why?

2. Please rate student's overall performance:

EXCEPTIONAL ABOVE AVERAGE AVERAGE BELOW AVERAGE NOT SATISFACTORY

3. Were you able to offer the student an employment position at the end of the internship?

a. YES

Full time Part time Contract Other _____

b. NO

Supervisor's Summary Comments:

We have reviewed and discussed this assessment:

Supervisor Signature: _____

Student Signature: _____

Date: _____

Please email the completed form to the respective program

Clinical Research: CLRE.internships@humber.ca
Regulatory Affairs: REGA.internships@humber.ca